



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

Matthew Magner

S.B. 99

132nd General Assembly
(As Introduced)

Sens. Coley, Terhar

BILL SUMMARY

- Prohibits new enrollment in the Medicaid expansion group.
 - Prohibits continuing enrollment in the expansion group if an individual ceases to meet eligibility requirements or the federal government reduces its share of Medicaid expenditures.
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CONTENT AND OPERATION

Medicaid coverage of the expansion group

The bill prohibits the Medicaid program from adding new enrollees to the Medicaid expansion group (also known as Group VIII). An individual who is included in the expansion group and is enrolled in the Medicaid program on the bill's effective date may remain enrolled in Medicaid until one of the following occurs:

(1) The individual ceases to meet the Medicaid program's eligibility requirements (on that date);

(2) The federal government reduces its share of expenditures for Medicaid coverage of the expansion group (on the date the reduction takes effect).

The bill does not preclude an individual who meets the requirements for the expansion eligibility group from enrolling, or continuing to be enrolled, in the Medicaid program if the individual is eligible for Medicaid on the basis of being included in another eligibility group.¹

¹ R.C. 5163.15.

The bill makes conforming changes to provisions regarding participation in the Healthy Ohio Program by Medicaid enrollees who are members of the expansion group.² The Healthy Ohio Program is a Medicaid waiver program created in the most recent biennial budget act.³ On September 9, 2016, the federal Department of Health and Human Services (HHS) denied Ohio's request to implement the waiver.

Background – Medicaid expansion

Federal health care reform legislation enacted in 2010 (the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010) included an expansion of the Medicaid program. As enacted, it required a state's Medicaid program to cover, beginning January 1, 2014, individuals who (1) are under age 65, (2) are not pregnant, (3) are not entitled to (or enrolled for) benefits under Medicare Part A, (4) are not enrolled for benefits under Medicare Part B, (5) are not otherwise eligible for Medicaid, and (6) have incomes not exceeding 133% (138% after using individuals' modified adjusted gross incomes) of the federal poverty line (\$33,600 for a family of four for FY 2017).⁴

Although the federal legislation made the Medicaid expansion a mandatory eligibility group, the U.S. Supreme Court, in a 2012 ruling, effectively made the expansion an optional eligibility group by prohibiting HHS from withholding all or part of a state's other federal Medicaid funds for failure to implement the expansion.⁵ On October 10, 2013, HHS approved an amendment to Ohio's state Medicaid plan to implement Medicaid expansion. Ohio's Group VIII caseload for FY 2016 was 685,914.

Through 2016, Medicaid expansion was fully funded by the federal government. Beginning on January 1, 2017, Ohio must pay a state share of 5% of the cost incurred under the Medicaid expansion. The state share continues to increase each year until it reaches 10% for 2020 and each calendar year thereafter.⁶

² R.C. 5166.40 and 5166.405.

³ Am. Sub. H.B. 64 of the 131st General Assembly.

⁴ 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) and (e)(14).

⁵ *National Federation of Independent Business v. Sebelius* (2012), 567 U.S. 519.

⁶ 42 U.S.C. 1396d(y).



HISTORY

ACTION

DATE

Introduced

03-14-17

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